SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge)	
3. Article Addressed to:	4. Article Number
Stoody Co.	R682141442
16425 Gale Ave. City of Industry, Cx 91745	Type of Service:  Registered Insured  Certified COD Express Mail Feturn Receipt
Dr. Edward. Ague	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee	Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	
x	
7. Date of Delivery JUN 1 4 1990	-
PS Form <b>3811</b> , Apr. 1989 ± u.s.q.RO. 1989-226-816	DOMESTIC RETURN RECEIPT